

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 0223	2 Fiscal Year Covered From 01 / 01 / 2005 Through 12 / 31 / 2005
3 Name and address of person filing Name DAVID M. STICK P O Box, Bldg Room No if any Street 16 BIRLA LANE City ROUSSELET State NY ZIP Code + 4 12144	4 Name file number and address of labor organization Name UNITED SERVICE EMPLOYEES ASSOC LOCAL 1000 AFSCME Labor Organization File Number 516414 P O Box, Building and Room Number If any Street 103 WASHINGTON AVE City ALBANY State NY ZIP Code + 4 12210
5 Position in labor organization	

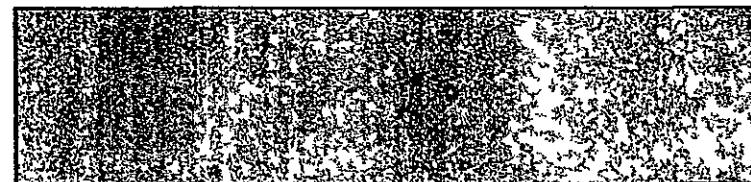
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

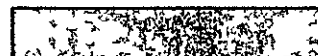
6 Name and address of Employer (including trade name if any).

Name
Trade Name if any
P O Box, Bldg Room No if any
Street
City
State ZIP Code + 4

7.a. Nature of Interest, Transaction or Income



7.b. Amount.



Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

4/18/06

Date

(518) 257 1315

Telephone Number

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name _____

Trade Name if any:

P O Box, Bldg Room No If any

Street

City

State ZIP Code + 4

9 Business deals with

 a Labor Organization

b Trust

c Employer

10 If 9 b or 9 c. Is checked give trust or employer's name

Name _____

Trade Name If any

P O Box, Bldg Room No If any

Street

City

State ZIP Code + 4

11 a Nature of such dealing

11.b Approximate dollar value of such dealing

12 a Nature of interest held or income received

12.b Amount.

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

**13 a. Name and address of Employer or Labor Relations Consultant
(including trade name if any)**

Name WELFE

Trade Name if any

P O Box, Bldg Room No if any **CORP CENTER**

Street 1234 Johnson Ave

City **GLASTONBURY**State **CA** ZIP Code + 4 **95033**

14.a. Nature of payment.

[illegible]

13 b Is the Business an Employer ☒ or Consultant ☐ ?

14 b Amount of payment.

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)Name Trade Name if any P O Box, Bldg Room No if any Street City State ZIP Code + 4 **9 Business deals with**☐ a Labor Organization☐ b Trust☐ c Employer**10 If 9 b or 9 c is checked give trust or employer's name**Name Trade Name if any P O Box, Bldg Room No if any Street City State ZIP Code + 4 **11 a Nature of such dealing****11 b Approximate dollar value of such dealing****12 a Nature of interest held or income received****12 b Amount**

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any).Name Trade Name if any P O Box, Bldg Room No if any Street City State ZIP Code + 4 **14 a Nature of payment.****14 b Amount of payment.**13 b Is the Business an Employer ☒ or Consultant ☐ ?

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8 Name and address of Business (including trade name if any)Name **[REDACTED]**Trade Name if any **[REDACTED]**P O Box, Bldg Room No if any **[REDACTED]**Street **[REDACTED]**City **[REDACTED]**State **[REDACTED]** ZIP Code + 4 **[REDACTED]****9 Business deals with.**☒ a Labor Organization☐ b Trust☐ c Employer**10 If 9 b or 9 c. is checked give trust or employer's name.**Name **[REDACTED]**Trade Name if any **[REDACTED]**P O Box, Bldg Room No., if any **[REDACTED]**Street **[REDACTED]**City **[REDACTED]**State **[REDACTED]** ZIP Code + 4 **[REDACTED]****11 a Nature of such dealing****[REDACTED]****11.b Approximate dollar value of such dealing****12.a Nature of interest held or income received****[REDACTED]****12.b Amount.****[REDACTED]**

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any).Name **NEW YORK LIFE**Trade Name if any **[REDACTED]**P O Box, Bldg Room No if any **[REDACTED]**Street **1200 Broadway**City **SLEEPY HOLLOW**State **N.Y.** ZIP Code + 4 **10591****14 a Nature of payment.**

5/05 - 01/06 - 2500
Monthly - 2500
Gold - 2500
6/19 - 12/19 - 2500
Monthly - 2500
4/15 - 12/15 - 2500
8/9 - 12/9 - 2500

14 b Amount of payment.**2500**13 b Is the Business an Employer ☐ or Consultant ☒ ?

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